

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 01/01/1958
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MEDIANEWS GROUP, INC. 101 W. COLFAX AVENUE, SUITE 1100 DENVER, CO 80202	2b Employer Identification Number (EIN) 76-0425553 2c Sponsor's telephone number 303-954-6446 2d Business code (see instructions) 511110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	STEVEN E. EISENBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2010	STEVEN E. EISENBERG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MEDIANEWS GROUP, INC. 101 W. COLFAX AVENUE, SUITE 1100 DENVER, CO 80202	3b Administrator's EIN 76-0425553 3c Administrator's telephone number 303-954-6446
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	2716
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	342
b Retired or separated participants receiving benefits.....	6b	644
c Other retired or separated participants entitled to future benefits.....	6c	1229
d Subtotal. Add lines 6a , 6b , and 6c	6d	2215
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	92
f Total. Add lines 6d and 6e	6f	2307
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 2 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
<div>A Name of plan</div> <div>MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>MEDIANEWS GROUP, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>76-0425553</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	001310		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 980127**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1004022**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 60163(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 60163**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1064185**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 67169(2) Administration charge made by carrier **7e(2)** 16867(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 22

▶ PRIOR PERIOD INT RATE CHANGE

(5) Total deductions **7e(5)** 84058**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 980127

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. MEDIANEWS GROUP, INC.	D Employer Identification Number (EIN) 76-0425553	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030253		01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	2344195

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add b and c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDIANEWS GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0425553</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>47164039</u>
b Actuarial value	2b <u>51880442</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>791</u> <u>34411199</u>
b For terminated vested participants	3b <u>1302</u> <u>18661416</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>550163</u>
(2) Vested benefits	3c(2) <u>9252668</u>
(3) Total active	3c(3) <u>411</u> <u>9802831</u>
d Total	3d <u>2504</u> <u>62875446</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.21</u> %
6 Target normal cost	6 <u>599149</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/28/2010</u>
Signature of actuary	Date
<u>SCOTT H. DAVIS</u>	<u>08-06506</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>612-339-7501</u>
Firm name	Telephone number (including area code)
<u>45 SOUTH SEVENTH STREET, SUITE 2100</u> <u>MINNEAPOLIS, MN 55402-1616</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8434	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	8434	0
10	Interest on item 9 using prior year's actual return of <u>-26.20</u> %	-2210	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1278183
b	Interest on (a) using prior year's effective rate of <u>6.26</u> %		80014
c	Total available at beginning of current plan year to add to prefunding balance		1358197
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	6224	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	82.50 %
15	Adjusted funding target attainment percentage.....	15	81.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	88.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	400000				
07/14/2009	420000				
10/13/2009	60000				
01/11/2010	405000				
09/14/2010	1355000				
			Totals ►	18(b)	2640000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 2408601
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	599149
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11001228	2109233
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2708382
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	303838	303838
36 Additional cash requirement (item 34 minus item 35).....	36	2404544
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2408601
38 Interest-adjusted excess contributions for current year (see instructions).....	38	4057
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MEDIANEWS GROUP, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>76-0425553</div>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN BENEFITS COUNCIL

06-6100040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON

13-6044214

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	59379	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FIDELITY INVT INSTL OPERATIONAL CO

300 PURITAN WAY
MARLBOROUGH, MA 01752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	73220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EKS AND H

84-0869721

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	40545	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

FULBRIGHT AND JAWORSKI

74-1201087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	139129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE	192141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

KALMAR INVESTMENTS

51-0261641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	38637	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

MERCER INVESTMENT CONSULTING

61-0736136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MEDIA NEWS GROUP INC

76-0425553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35 50	PLAN SPONSOR	34815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

THE BNY MELLON TRUST COMPANY

95-3571558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 55 62 63 72 99	NONE	14905	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 28 50 51 52 68 71 72	NONE	21958	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MEDIANEWS GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0425553</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P 500 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK</u>		
c EIN-PN <u>13-6154008-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE AGGREGATE INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BANK OF NEW YORK</u>		
c EIN-PN <u>13-6154008-033</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>		
c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2344195</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20611615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMP INVEST FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NON-SL AGG BOND INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-056</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7442593</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MEDIANEWS GROUP INC MASTER RET TR</u>		
b Name of sponsor of entity listed in (a): <u>MEDIANEWS GROUP INC.</u>		
c EIN-PN <u>76-0425553-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>945787</u>

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MEDIANEWS GROUP, INC.	D Employer Identification Number (EIN) 76-0425553	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1600000	1760000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	182397
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2192099	2301063
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9259323	4163701
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	29033983	28054220
(10) Value of interest in pooled separate accounts	1c(10)	3564994	2344195
(11) Value of interest in master trust investment accounts	1c(11)	0	945787
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	748040	4043286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1004022	980127
(15) Other	1c(15)	0	2076449

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47402461	46851225

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	147900	276216
i Acquisition indebtedness	1i		
j Other liabilities	1j	24184	1493302
k Total liabilities (add all amounts in lines 1g through 1j)	1k	172084	1769518

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47230377	45081707
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2640011	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2640011
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	273881	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		273881
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	224269	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1422	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		225691
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	750807	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		750807
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5181874
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-1418345
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		427660
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		363866
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8445445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4535531	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4535531
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	316453	
(2) Contract administrator fees	2i(2)	265361	
(3) Investment advisory and management fees	2i(3)	74143	
(4) Other	2i(4)	224790	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		880747
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5416278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3029167
l Transfers of assets:			
(1) To this plan.....	2l(1)		3515386
(2) From this plan	2l(2)		8693223

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: EHRHARDT,KEEFE,STEINER,& HOTTMAN PC

(2) EIN: 84-0869721

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
DENVER NEWSPAPER AGENCY NON-UNION EMPLOYEES' PENSION PLAN	84-1551911	003

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDIANEWS GROUP, INC.</u>	D Employer Identification Number (EIN) <u>76-0425553</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-4283699</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☒ Both	☐ No
--	-----------------------------------	-----------------------------------	--	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☒

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 5% Investment-Grade Debt: 27% High-Yield Debt: 1% Real Estate: 0% Other: 67%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify): OTHER-OPTION ADJUSTED DUR

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

**Financial Statements
and
Independent Auditors' Report
December 31, 2009 and 2008**



MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

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INDEPENDENT AUDITORS' REPORT

Plan Administrator, Committee and Participants
MediaNews Group Defined Benefit Plan for Certain Employees
Denver, Colorado

We were engaged to audit the financial statements of MediaNews Group Defined Benefit Plan for Certain Employees (the "Plan") as of and for the years ended December 31, 2009 and 2008, and the supplemental schedules as of and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 2 and 4, which was certified by The Bank of New York Mellon Trust Company, N.A. and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the supplemental schedules taken as a whole. The form and content of the information included in the financial statements and the supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.



Ehrhardt Keefe Steiner & Hottman PC

October 1, 2010
Denver, Colorado

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value		
Common/collective trust funds	\$ 28,054,220	\$ 29,033,983
Common stock	4,163,701	3,490,707
Mutual funds	4,043,286	3,577,929
Guaranteed annuity and investment contracts	3,324,322	4,569,016
Money market account	2,301,063	2,192,099
Other investments	2,076,449	2,938,727
Investment in the MediaNews Group, Inc. Master Retirement Trust	<u>945,787</u>	<u>-</u>
Total investments	<u>44,908,828</u>	<u>45,802,461</u>
Receivables		
Employer contributions	1,760,000	1,600,000
Other	<u>182,397</u>	<u>99,046</u>
Total receivables	<u>1,942,397</u>	<u>1,699,046</u>
Total assets	<u>46,851,225</u>	<u>47,501,507</u>
Liabilities and Net Assets		
Transfer payable to other plan	1,493,302	-
Accounts payable	170,189	123,230
Accrued expenses	<u>106,027</u>	<u>147,900</u>
Total liabilities	<u>1,769,518</u>	<u>271,130</u>
Net assets available for benefits	<u>\$ 45,081,707</u>	<u>\$ 47,230,377</u>

See notes to financial statements.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	<u>2009</u>	<u>2008</u>
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 5,305,862	\$ (16,907,867)
Interest and dividend income	<u>499,572</u>	<u>767,919</u>
Total investment income (loss)	<u>5,805,434</u>	<u>(16,139,948)</u>
Employer contributions	2,640,011	3,000,000
Benefits paid to participants	(4,535,531)	(4,536,768)
Administrative fees	<u>(880,747)</u>	<u>(582,609)</u>
Net decrease before transfers	<u>(2,776,267)</u>	<u>(2,119,377)</u>
Transfer of assets received in conjunction with plan merger	3,515,386	-
Transfer to other plan	<u>(8,693,223)</u>	<u>-</u>
Total transfer	<u>(5,177,837)</u>	<u>-</u>
Net decrease	(2,148,670)	(18,259,325)
Net assets available for benefits		
Beginning of year	<u>47,230,377</u>	<u>65,489,702</u>
End of year	<u>\$ 45,081,707</u>	<u>\$ 47,230,377</u>

See notes to financial statements.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies

The following description of MediaNews Group Defined Benefit Plan for Certain Employees (the "Plan") provides only general information. Participants and all others should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan originally established January 1, 1958 by The Denver Post Corporation ("DPC"), a Colorado corporation for its eligible employees who are not included in a collective bargaining unit. The Plan is a non-contributory plan with the active portion of the Plan covering persons regularly employed in the service of DPC. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective June 1, 2009, the Northwest Publications, Inc. Pension Plan for Saint Paul Division (Mechanical) Employees ("Saint Paul Mechanical Plan") merged into the Plan. All assets associated with the Saint Paul Mechanical Plan were invested in the MediaNews Group Inc. Master Retirement Trust ("Master Trust") along with the Plan's interest in the Master Trust. The Saint Paul Mechanical Plan's interest in the Master Trust, totaling \$3,515,386 as of June 1, 2009, was transferred to the Plan on that date; however, the investment funds remained in the Master Trust on the merger date, and no cash or investments actually transferred from the Master Trust.

Effective August 26, 2009, the Denver Newspaper Agency Non-Union Employees' Pension Plan ("DNA Non-Union Plan") assumed all liabilities of the Plan with respect to the current and former employees of DPC. Assets of \$6,839,504 were transferred to the DNA Non-Union Plan on September 25, 2009, and \$360,417 was paid on behalf of transferred participants. The amount owed to the DNA Non-Union Plan as of December 31, 2009 was \$1,493,302.

MediaNews Group, Inc. (the "Company") administers the Plan. The Bank of New York Mellon Trust Company, N.A. ("Bank of New York") and The Northern Trust Company ("Northern Trust") serve as trustees, manage Plan investments, and maintain the Plan's records.

Participants receive retirement income benefits based on the product of pension service and the benefit credit applicable to the participant's wage class, as defined in the Plan document.

Effective December 31, 2008 (the "Freeze Date"), the Company froze the active portion of the Plan, prohibiting additional employees from becoming participants and ceasing all benefit accruals under the Plan.

Funding Policy

Contributions to the Plan are based on actuarial determinations provided by the Plan's actuary. All contributions are made by the Company in cash in amounts adequate to meet the minimum funding requirement of ERISA. Contributions of \$2,640,011 and \$3,000,000 were made to the Plan for the years ended December 31, 2009 and 2008, respectively.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Vesting and Payment of Benefits

The benefit accruals and vesting schedules for participants vary depending on which of the following groups the participant is covered under: The Denver Post Corporation; Los Angeles Daily News; New England Newspapers, Inc. - Middle Town Location; New England Newspapers, Inc. - Eagle Location; New England Newspapers, Inc. - Lowell Location; and Northwest Publications Saint Paul Pioneer Press.

The specific benefit provisions and vesting provisions covering each of the above participant groups are disclosed in the Plan document and Summary Plan Description. Participants and all others should refer to these documents for the specific Plan provisions.

Plan Termination

Although the Company has not expressed any intention to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA. In the event the Plan terminates, assets would be set aside first for the payment of benefits to retirees and then for all other participants. The Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable (vested) benefits subject to certain limitations prescribed by ERISA.

Valuation of Investments and Income Recognition

The assets for the Plan are comprised of guaranteed annuity and investment contracts, common/collective trust funds, common stock, mutual funds, other common stock, and money market accounts, which are stated at fair value. The Plan also holds an interest in the Master Trust, and the fair value is based on the beginning of the year's value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income, including net appreciation (depreciation) in fair value of investments less allocated investment expenses, actual administrative expenses, and actual benefits paid to the participants. The underlying investments of the Master Trust are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

The net realized and unrealized investments gain or loss (net appreciation or depreciation in fair value of investments) is reflected in the accompanying statements of changes in net assets available for benefits, and is determined as the difference between fair value at the beginning of the year (or date purchased if during the year) and selling price (if sold during the year) or year-end fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 1 - Description of the Plan and Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. The most significant of these estimates relates to the determination of the accumulated Plan benefits and the Plan's funded status. Accordingly, actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for various investments, which in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Additionally, some investments are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of comparable U.S. companies.

Reclassifications

Certain mutual funds, common stock, and interest bearing cash as reported in the 2008 financial statements in the amounts of \$748,040, \$9,259,323, and \$2,192,099, respectively, have been reclassified to conform to the 2009 presentation.

Note 2 - Investments

Bank of New York holds all of the Plan's investments, except for the Plan's investment in the Master Trust. Bank of New York has certified in writing to the Plan administrator that the stated amounts for investments at fair value as of December 31, 2009 and 2008 and the income earned on the investments for the years then ended, as reflected in the accompanying financial statements and the supplemental schedules, are complete and accurate.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 2 - Investments (continued)

The fair value of investments greater than 5% of net assets available for benefits was the following:

	December 31,	
	2009	2008
Bank of New York EB DV Non-SL Stock Index Fund	\$ 20,611,615	\$ -
Bank of New York EB DV Non-SL Aggregate Bond Index Fund	\$ 7,442,593	\$ -
GMO TR International Equity Fund Class III	\$ 3,175,296	\$ 2,829,889
Prudential Financial Group Annuity	\$ 2,344,195	\$ 3,564,994
Bank of New York Collective US Government STIF	\$ 2,301,063	\$ 2,192,099 *
RREEF America RREIT II Inc.	\$ 2,076,449 *	\$ 2,938,727
Bank of New York S&P 500 index fund	\$ - *	\$ 18,617,153
Bank of New York Collective aggregate Index Fund	\$ - *	\$ 10,416,821

* Investment balance was less than 5% of net assets available for benefits at the respective financial statement date and is presented for comparison purposes only.

The Plan's investments (including investments bought, sold, as well as, held during the year) appreciated (depreciated) in fair value as follows:

	December 31,	
	2009	2008
Common/collective trust funds	\$ 5,181,874	\$ (10,308,118)
Common stock	750,819	(5,312,849)
Mutual funds	363,866	(544,926)
Other investments	(12)	3,533
Guaranteed annuity and investment contracts	(1,418,345)	(745,507)
Master Trust (Note 4)	427,660	-
	<u>\$ 5,305,862</u>	<u>\$ (16,907,867)</u>

Note 3 - Fair Value Accounting

Accounting principles generally accepted in the United States of America require disclosure about how fair value is determined and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 3 - Fair Value Accounting (continued)

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2009 and 2008.

Assets at fair value as of December 31, 2009, excluding the Plan's investment in the Master Trust (Note 4), are as follows:

Description	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$ 28,054,220	\$ -	\$ 28,054,220
Common stock	4,163,701	-	-	4,163,701
Mutual funds	4,043,286	-	-	4,043,286
Guaranteed annuity and investment contracts	-	-	3,324,322	3,324,322
Money market account	-	2,301,063	-	2,301,063
Other investments	-	-	2,076,449	2,076,449
Total	<u>\$ 8,206,987</u>	<u>\$ 30,355,283</u>	<u>\$ 5,400,771</u>	<u>\$ 43,963,041</u>

Assets at fair value as of December 31, 2008, excluding the Plan's investment in the Master Trust (Note 4), are as follows:

Description	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$ 29,033,983	\$ -	\$ 29,033,983
Common stock	3,490,707	-	-	3,490,707
Mutual funds	3,577,929	-	-	3,577,929
Guaranteed annuity and investment contracts	-	-	4,569,016	4,569,016
Money market account	-	2,192,099	-	2,192,099
Other investments	-	-	2,938,727	2,938,727
Total	<u>\$ 7,068,636</u>	<u>\$ 31,226,082</u>	<u>\$ 7,507,743</u>	<u>\$ 45,802,461</u>

The valuation technique used to measure fair value of the common/collective trust funds is based on quoted market prices for the underlying investments.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 3 - Fair Value Accounting (continued)

The valuation technique used to measure fair value of common stock and mutual funds traded on a national exchange is based on the last quoted sales price on the last business day of the Plan year.

The valuation technique used to measure fair value of guaranteed annuity and investment contracts is based on the fair value of the fund's underlying investments determined by the investment advisor based on Level 2 pricing inputs, including quoted prices for similar assets in active or non-active markets.

The valuation technique used to measure fair value of the money market account is a daily net asset value calculated by the asset manager/custodian but is not directly observable in the marketplace.

The valuation technique used to measure other common stock is based upon the appraised value of real estate owned by the investee company which is valued by a certified real estate appraiser, divided by number of shares outstanding.

There were no changes to the valuation techniques used during the years ended December 31, 2009 and 2008.

Level 3 Changes

The following is a reconciliation of the beginning and ending balances for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during the period ended December 31, 2009:

	Guaranteed Annuity and Investment Contracts	Other Investments
Beginning balance	\$ 4,569,016	\$ 2,938,727
Gains (losses) (realized and unrealized)	(1,418,345)	(12)
Purchases, issuances and settlements, net	<u>173,651</u>	<u>(862,266)</u>
Ending balance	<u>\$ 3,324,322</u>	<u>\$ 2,076,449</u>

Note 4 - Investment in Master Trust

Northern Trust has certified in writing to the Plan administrator that the stated amounts for investments in the Master Trust at fair value as of December 31, 2009 and 2008, and the income earned on those investments for the years ended December 31, 2009 and 2008, as reflected in the accompanying financial statements, are complete and accurate.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 4 - Investment in Master Trust (continued)

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the investment information certified by the trustee except for comparing the information contained therein to information included in the financial statements and the supplemental schedules.

The amounts disclosed in the statements of net assets available for benefits represent the Plan's 1.0% and 3.8% undivided interest in the net assets of the Master Trust as of December 31, 2009 and 2008, respectively. Interest, dividends, net appreciation (depreciation) in fair value of investments, and investment expenses are allocated to the Plan based upon its pro-rata share in the net assets of the Master Trust. Administrative expenses incurred that relate to individual plans were specifically allocated to each plan.

The following table presents the net assets in the Master Trust:

	December 31,	
	2009	2008
Assets		
Investments, at fair value		
Interest in common/collective trusts	\$ 92,396,805	\$ 85,961,098
Accrued income	232	864
Net assets in Master Trust	<u>\$ 92,397,037</u>	<u>\$ 85,961,962</u>

The following table presents the net investment income for the Master Trust:

	For the Years Ended December 31,	
	2009	2008
Net unrealized and realized appreciation (depreciation) in fair value of investments	\$ 19,231,819	\$ (35,034,521)
Interest and dividends	23,859	51,614
Investment expense	<u>(78,669)</u>	<u>(104,103)</u>
Total	<u>\$ 19,177,009</u>	<u>\$ (35,087,010)</u>

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 4 - Investment in Master Trust (continued)

The fair value of investments greater than 5% of net assets in the Master Trust was as follows:

	December 31,	
	2009	2008
Collective Daily Russell 3000 Equity Index Fund	\$ 45,845,792	\$ 42,408,415
Collective Daily Aggregate Bond Index Fund	\$ 19,214,073	\$ 18,012,328
Collective Daily All Countryworld Ex-US Equity Index Fund	\$ 17,048,041	\$ 17,176,620
Collective Daily Tips Fund	\$ 7,057,526	\$ 6,463,849

The following tables set forth by level, within the fair value hierarchy as described in Note 3, the Master Trust's investment assets at fair value as of December 31, 2009 and 2008.

Assets at fair value as of December 31, 2009 are as follows:

Description	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$ 92,397,037	\$ -	\$ 92,397,037

Assets at fair value as of December 31, 2008 are as follows:

Description	Level 1	Level 2	Level 3	Total
Common/collective trust funds	\$ -	\$ 85,961,962	\$ -	\$ 85,961,962

The valuation techniques used to measure fair value of the common/collective trust funds held by the Master Trust are based on quoted market prices for the underlying investments.

There were no changes to the valuation techniques used during the years ended December 31, 2009 and 2008.

Note 5 - Income Taxes

The Internal Revenue Service has determined and informed the Plan in a letter dated June 18, 2010 that the Plan is qualified, and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the accompanying financial statements.

Note 6 - Administration of the Plan

The Plan, pays the cost of certain administrative, accounting, and legal services.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 7 - Party-in-Interest Transactions

Certain Plan investments are managed by Bank of New York and Northern Trust. Bank of New York and Northern Trust are the trustees, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

Note 8 - Accumulated Plan Benefits

The Plan's actuary, Hewitt Associates LLC ("Hewitt"), estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Accumulated Plan benefits are those estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their last five years of credited service through the Freeze Date. The accumulated Plan benefits for active employees are based on their average compensation during the five years preceding the Freeze Date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the Freeze Date. The actuarial valuation was performed as of January 1, 2009 and January 1, 2008. Had the valuation been performed as of December 31, 2008 and December 31, 2007, there would be no material difference.

As discussed in Note 1, the Northwest Publications, Inc. Pension Plan for Saint Paul Division (Mechanical) Employees merged with the Plan effective June 1, 2009. Had the actuarial valuation occurred subsequent to the merger date, the valuation of accumulated Plan benefits would have changed significantly.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 8 - Accumulated Plan Benefits (continued)

The following table sets forth the accumulated Plan benefits of the Plan:

	January 1,	
	2009	2008
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants currently receiving benefits	\$ 34,677,941	\$ 34,061,699
Participants with deferred benefits	18,644,927	17,270,331
Other participants	<u>9,256,427</u>	<u>9,876,138</u>
Total vested benefits	62,579,295	61,208,168
Non-vested benefits	<u>540,910</u>	<u>616,571</u>
	<u>\$ 63,120,205</u>	<u>\$ 61,824,739</u>

The change in present value of accumulated Plan benefits was:

Actuarial present value of accumulated Plan benefits as of January 1, 2008	\$ 61,824,739
Increase (decrease) during the year attributable to:	
Interest accumulation	4,768,005
Other changes (1)	937,941
Change in actuarial assumptions (2)	126,288
Benefit payments	<u>(4,536,768)</u>
Actuarial present value of accumulated Plan benefits as of January 1, 2009	<u>\$ 63,120,205</u>

- (1) Other changes represent the normal operation of the Plan consisting primarily of those items of Plan experience that are not associated with Plan asset performance.
- (2) Changes in actuarial assumptions relate to changes in the mortality table and discount rate as noted in the following table.

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Notes to Financial Statements

Note 8 - Accumulated Plan Benefits (continued)

The significant actuarial assumptions used by Hewitt in its January 1, 2009 and 2008 calculations are as follows:

Assumed rate of return on investments	8.0%, net of expenses (2009 and 2008)
Probability of retirement	5% at age 55, 2% at ages 56-59, 15% at age 60, 5% at age 61, 33% at age 62, 10% at ages 63-64, 90% at age 65, 25% at ages 66-69, and 100% at age 70 (2009 and 2008)
Mortality basis	RP-2000 Combined Healthy Mortality Table Projected to 2009 using Scale AA (2009) and RP-2000 Combined Healthy Mortality Table Projected to 2008 using Scale AA (2008)
Turnover	Based upon industry studies which are not inconsistent with employer experience
Actuarial cost method	Standard Unit Credit Cost Method (2009 and 2008)
Compensation increase	2.5% (2009 and 2008)

The effective interest rate assumption changed to 8.21% as of January 1, 2009 from 6.26% as of January 1, 2008.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Note 9 - Subsequent Events

Assets of \$1,493,302 were transferred to the DNA Non-Union Plan on June 22, 2010 as part of the final asset transfer from the Plan to the DNA Non-Union Plan.

The Plan has evaluated subsequent events through the report date, October 1, 2010, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Guaranteed annuity and insurance contracts:			
	Prudential Financial Group	Investment contract	\$ 3,614,685	\$ 2,344,195
	Aetna Life Insurance Company	Guaranteed insurance contract	980,127	980,127
	Common/collective trust funds:			
*	Bank of New York	EB DV Non-SL Stock Index Fund	20,464,160	20,611,615
		EB DV Non-SL Aggregate Bond		
*	Bank of New York	Index Fund	7,500,000	7,442,593
*	Bank of New York	EB Temporary Investment Fund	12	12
	Common stock:			
	Cooper Co. Inc.	Common stock	164,620	140,472
	Cybersource Corp. Del	Common stock	90,260	133,128
	Devry Inc.	Common stock	43,977	109,205
	Resmed Inc.	Common stock	60,018	108,722
	Albermarle Corp. Com.	Common stock	72,491	106,200
	Corrections Corp Amer.	Common stock	76,538	100,655
	PSS World Med. Inc.	Common stock	52,652	94,343
	Tractor Supply Co.	Common stock	76,325	91,091
	MSC Indl. Direct Inc.	Common stock	61,217	86,480
	DSW Inc.	Common stock	43,757	80,513
	NIKO Res. Ltd.	Common stock	42,006	78,686
	United Nat Foods Inc.	Common stock	74,595	77,279
	Enersys	Common stock	69,087	74,358
	Nice Systems Limited Spons.	Common stock	61,652	72,944
	Life Time Fitness	Common stock	81,347	71,051
	Chicago Bridge and Iron Company	Common stock	60,258	70,265
	Rogers Corp.	Common stock	82,875	69,107
	Alliance Data Systems Corp.	Common stock	60,309	66,528
	Gentex Corp. Com	Common stock	46,359	64,974
	Rovi Corp.	Common stock	32,923	63,613
	Sapient Corp.	Common stock	62,813	62,852
	Kennametal Inc.	Common stock	74,962	60,394
	Teradyne Inc.	Common stock	37,371	57,298
	Ultra Pete Corp.	Common stock	27,670	56,840
	Ariba Inc. New	Common stock	53,970	55,839
	Ruby Tuesday Inc.	Common stock	62,183	55,152
	Atmel Corp.	Common stock	45,014	54,767
	Atlas Air Inc	Common stock	39,534	54,013
	Skillsoft Pub Ltd Co.	Common stock	44,839	53,658

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stock (cont.):			
	Belden Inc.	Common stock	58,704	53,485
	ATMI Inc.	Common stock	75,931	52,881
	Medassets Inc.	Common stock	40,262	52,813
	Healthcare Svc Group Inc.	Common stock	44,992	52,148
	Ulta Salon Cosmetics	Common stock	32,742	51,938
	LKQ Corp Common	Common stock	45,941	51,816
	Rightnow Technologies Inc.	Common stock	39,139	51,242
	FEI Co.	Common stock	42,553	50,224
	Core Laboratories	Common stock	9,246	49,020
	Atwood Oceanics Inc.	Common stock	34,395	48,398
	UTI Worldwide Inc.	Common stock	74,825	48,087
	Concur Technologies Inc.	Common stock	27,779	47,880
	Luminex Corp. Del	Common stock	62,486	47,179
	Euronet Worldwide Inc.	Common stock	52,542	46,973
	Phase Forward Inc.	Common stock	49,307	46,357
	Microsemi Corp Com.	Common stock	58,660	45,263
	MPS Group Inc.	Common stock	39,934	44,999
	BJS Restaurants Inc.	Common stock	36,451	44,415
	Neustar Inc.	Common stock	52,377	43,546
	Prosperity Bancshares Inc.	Common stock	40,862	42,484
	Clean HBRS Inc.	Common stock	40,835	41,727
	Martek Biosciences Corp.	Common stock	58,288	41,668
	Evercore Partners Inc.	Common stock	41,764	41,648
	Monolithic Pwr Sys Inc.	Common stock	27,582	40,509
	Lance Inc.	Common stock	39,680	39,450
	Gamestop Corp.	Common stock	26,520	39,273
	Mobile Mini Inc.	Common stock	47,518	39,029
	Sonosite Inc.	Common stock	46,463	36,745
	Brigham Expl Co	Common stock	30,445	36,585
	NIC Inc.	Common stock	30,736	36,194
	VCA Antech Inc.	Common stock	28,172	36,134
	American Pub Ed Inc	Common stock	32,654	32,298
	Polycom Inc.	Common stock	26,830	31,587
	Smart Blance Inc.	Common stock	35,209	30,360
	Constant Contact Inc.	Common stock	34,041	29,440
	Syntel Inc.	Common stock	20,614	27,382
	Micros Sys Inc.	Common stock	14,658	26,996

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stock (cont.):			
	Sunopta Inc.	Common stock	73,641	26,914
	Digital Riv Inc.	Common stock	44,078	26,720
	Clean Energy Fuels Corp.	Common stock	21,790	25,581
	Rex Energy Corp.	Common stock	21,998	25,560
	Diodes Inc.	Common stock	18,908	24,336
	Netscout Sys Inc	Common stock	21,378	24,010
	IXIA	Common stock	43,094	22,729
	Central European Distributor Corp.	Common stock	18,837	22,302
	Ultimate Software Group Inc.	Common stock	17,822	20,559
	Meridian Bioscience Inc.	Common stock	26,062	18,749
	Innerworkings Inc.	Common stock	48,636	16,048
	Valueclick Inc.	Common stock	22,432	15,433
	Analogic Corp.	Common stock	23,342	14,441
	Eresearchtechnology Inc.	Common stock	22,249	11,720
	1 800 Flowers.com Inc.	Common stock	30,361	11,554
	Global Traffic Network Inc.	Common stock	11,286	8,445
	Mutual funds:			
		TR International Equity Fund Class III		
	GMO		3,630,530	3,175,296
	American Funds	Euro Pacific Growth Fund	976,288	867,990
	Other investments:			
	RREEF America RREIT II Inc.	Other investment	3,437,652	2,076,449
	Money market account:			
*	Bank of New York	Collective U.S. Government STIF	<u>2,301,063</u>	<u>2,301,063</u>
	Total investments excluding investment in Master Trust		<u>\$ 46,673,190</u>	<u>\$ 43,963,041</u>

* Party-in-interest

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (i) - A single transaction which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 21,310,074	\$ 21,310,074	\$ 21,310,074	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ 7,734,104	\$ -	\$ 7,734,104	\$ 7,734,104	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 6,841,850	\$ 6,841,850	\$ 6,841,850	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 7,500,000	\$ 7,500,000	\$ 7,500,000	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Aggregate Bond Index Fund	\$ 7,500,000	\$ -	\$ 7,500,000	\$ 7,500,000	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Stock Index Fund	\$ -	\$ 2,800,000	\$ 2,330,188	\$ 2,800,000	\$ 469,812
The Bank of New York Trust Company, N.A.	Collective Aggregate Index Fund	\$ -	\$ 7,734,104	\$ 7,305,334	\$ 7,734,104	\$ 428,770
Category (iii) - A series of transactions which exceed 5% of net assets available for benefits as of the beginning of the Plan year:						
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ 21,310,074	\$ -	\$ 21,310,074	\$ 21,310,074	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Stock Index Fund	\$ -	\$ 2,910,945	\$ 2,421,927	\$ 2,910,945	\$ 489,018
The Bank of New York Trust Company, N.A.	Collective Aggregate Index Fund	\$ -	\$ 10,934,104	\$ 10,416,821	\$ 10,934,104	\$ 517,283

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

Columns (e) and (f) have not been presented, as this information is not applicable.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MediaNews Group Defined Benefit Plan For Certain Employees	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MediaNews Group, Inc.	D Employer Identification Number (EIN) 76-0425553
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	47,164,039	
b Actuarial value.....	2b	51,880,442	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	791	34,411,199
b For terminated vested participants	3b	1,302	18,661,416
c For active participants:			
(1) Non-vested benefits.....	3c(1)		550,163
(2) Vested benefits.....	3c(2)		9,252,668
(3) Total active	3c(3)	411	9,802,831
d Total.....	3d	2,504	62,875,446
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	8.21 %	
6 Target normal cost.....	6	599,149	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Scott H Davis</u> Signature of actuary	<u>09/27/2010</u> Date
	<u>Scott H. Davis</u> Type or print name of actuary	<u>08-06506</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(612) 339-7501</u> Telephone number (including area code)
	<u>45 South Seventh Street, Suite 2100</u> Address of the firm	
	<u>Minneapolis</u> Address of the firm	
	<u>MN 55402-1616</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	8,434	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	8,434	0
10 Interest on item 9 using prior year's actual return of <u>(26.20)</u> %	(2,210)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,278,183
b Interest on (a) using prior year's effective rate of <u>6.26</u> %		80,014
c Total available at beginning of current plan year to add to prefunding balance		1,358,197
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	6,224	0

Part III Funding percentages		
14 Funding target attainment percentage	14	82.50 %
15 Adjusted funding target attainment percentage	15	81.56 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.44 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	400,000				
07/14/2009	420,000				
10/13/2009	60,000				
01/11/2010	405,000				
09/14/2010	1,355,000				
			Totals ▶	18(b)	2,640,000
				18(c)	0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,408,601
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	599,149
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11,001,228	2,109,233
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	2,708,382
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	303,838	303,838
36 Additional cash requirement (item 34 minus item 35)	36	2,404,544
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	2,408,601
38 Interest-adjusted excess contributions for current year (see instructions)	38	4,057
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2009	\$ 400,000	8.21%	\$ 391,192
July 14, 2009	420,000	8.21%	402,750
October 13, 2009	60,000	8.21%	56,415
January 11, 2010	405,000	8.21%	373,464
September 14, 2010	<u>1,355,000</u>	8.21%	<u>1,184,780</u>
Total Contribution	\$ 2,640,000		\$ 2,408,601

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	2.00%	0.9500	1.07
57.5	2.00%	0.9310	1.07
58.5	2.00%	0.9124	1.07
59.5	2.00%	0.8941	1.06
60.5	15.00%	0.8762	7.95
61.5	3.00%	0.7448	1.37
62.5	33.00%	0.7225	14.90
63.5	10.00%	0.4841	3.07
64.5	10.00%	0.4356	2.81
65.5	90.00%	0.3921	23.11
66.5	25.00%	0.0392	0.65
67.5	25.00%	0.0294	0.50
68.5	25.00%	0.0221	0.38
69.5	25.00%	0.0165	0.29
70	100.00%	0.0124	0.87
Weighted Average			62.95

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For Funding Requirements**

Interest Rates

Based on the full Yield Curve with a two-month lookback
(October 2008 yield curve), with sample rates as follows:

Yield Curve

Duration 0.5: 5.45%.
Duration 5.5: 8.25%.
Duration 10.5: 8.87%.
Duration 15.5: 8.65%.
Duration 20.5: 8.11%.
Duration 25.5: 7.71%.
Duration 30.5: 7.46%.

Salary Increases

Minimum Funding Target Normal Cost
Maximum Tax Expected Benefit Increase

2.50%.
2.50%.

Optional Payment Form Election Percentage

- 55% Life Annuity.
- 10% Joint and 100% Survivor Annuity.
- 30% Joint and 50% Survivor Annuity.
- 5% 10-Year Certain and Life Annuity.

Optional Payment Form
Conversion Interest Rate

- Denver Post: Tabular factors used.¹
- Daily News: 7.50%.
- NENI: Tabular factors used.¹
- Lowell: 8.00%.

Optional Payment Form
Conversion Mortality

- Denver Post: Tabular factors.¹
- Daily News: UP-84 Mortality Table with no adjustments.
- NENI: Tabular factors used.¹
- Lowell: 1983 Group Annuity Mortality Table (male rates).

¹ Factors for participant ages 65, with a spouse the same age are:

	Denver Post	NENI
100% J & S	.80	.80
50% J & S	.90	.88
10-Year C&L	.95	.90

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

**Schedule SB, Part V—Statement of Actuarial Assumptions/Methods
For Funding Requirements**

Retirement Age

Active Participants	See Table 1.
Terminated Vested Participants	Age 62.

Mortality Rates

Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e).
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Withdrawal Rates

See Table 2.

Disability Rates

None.

Surviving Spouse Benefit

It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2008 Pensionable earnings rolled forward one year with the salary increase assumption.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% or more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trustee Expenses Included in Target
Normal Cost

\$500,000 (before merger).

Expected Return on Assets

2007 Plan Year	6.09%.
2008 Plan Year	6.43%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	15.00%
61	5.00%
62	33.00%
63	10.00%
64	10.00%
65	90.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table 2

Termination Rates

Age	Rate	Age	Rate
15	10.70%	45	2.20%
16	10.70%	46	1.98%
17	10.70%	47	1.76%
18	10.70%	48	1.54%
19	10.70%	49	1.23%
20	10.70%	50	1.10%
21	10.16%	51	0.88%
22	9.62%	52	0.66%
23	9.08%	53	0.44%
24	8.54%	54	0.22%
25	8.00%	55+	0.00%
26	7.58%		
27	7.16%		
28	6.74%		
29	6.32%		
30	5.90%		
31	5.58%		
32	5.26%		
33	4.94%		
34	4.62%		
35	4.30%		
36	4.06%		
37	3.82%		
38	3.58%		
39	3.34%		
40	3.10%		
41	2.92%		
42	2.74%		
43	2.56%		
44	2.38%		

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 25—Change in Funding Method

Method Changes

The funding valuation reflects the following changes:

- A change in the asset valuation method from a three-month average value method to the two-year smoothed value method as of January 1, 2009;
- A change in the interest rate assumption from the full yield curve with no lookback (December 2007 yield curve), to the full yield curve with a two month lookback (October 2008 yield curve); and
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			3			1				
30-34			4	3		1				
35-39			3	3	8	7				
40-44		5	6	9	11	23	2			
45-49		1	10	10	8	33	21	6		
50-54			9	13	16	32	16	16	2	
55-59			2	5	10	15	10		12	
60-64		1		6	4	16	10	8	6	4
65-69				1	4	2	4	2		2
70+				1	1	2			1	

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Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$3,824,032	January 1, 2009	7	\$678,570
Shortfall	\$7,177,196	January 1, 2008	6	\$1,430,663

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Guaranteed annuity and insurance contracts:			
	Prudential Financial Group	Investment contract	\$ 3,614,685	\$ 2,344,195
	Aetna Life Insurance Company	Guaranteed insurance contract	980,127	980,127
	Common/collective trust funds:			
*	Bank of New York	EB DV Non-SL Stock Index Fund	20,464,160	20,611,615
		EB DV Non-SL Aggregate Bond		
*	Bank of New York	Index Fund	7,500,000	7,442,593
*	Bank of New York	EB Temporary Investment Fund	12	12
	Common stock:			
	Cooper Co. Inc.	Common stock	164,620	140,472
	Cybersource Corp. Del	Common stock	90,260	133,128
	Devry Inc.	Common stock	43,977	109,205
	Resmed Inc.	Common stock	60,018	108,722
	Albermarle Corp. Com.	Common stock	72,491	106,200
	Corrections Corp Amer.	Common stock	76,538	100,655
	PSS World Med. Inc.	Common stock	52,652	94,343
	Tractor Supply Co.	Common stock	76,325	91,091
	MSC Indl. Direct Inc.	Common stock	61,217	86,480
	DSW Inc.	Common stock	43,757	80,513
	NIKO Res. Ltd.	Common stock	42,006	78,686
	United Nat Foods Inc.	Common stock	74,595	77,279
	Enersys	Common stock	69,087	74,358
	Nice Systems Limited Spons.	Common stock	61,652	72,944
	Life Time Fitness	Common stock	81,347	71,051
	Chicago Bridge and Iron Company	Common stock	60,258	70,265
	Rogers Corp.	Common stock	82,875	69,107
	Alliance Data Systems Corp.	Common stock	60,309	66,528
	Gentex Corp. Com	Common stock	46,359	64,974
	Rovi Corp.	Common stock	32,923	63,613
	Sapient Corp.	Common stock	62,813	62,852
	Kennametal Inc.	Common stock	74,962	60,394
	Teradyne Inc.	Common stock	37,371	57,298
	Ultra Pete Corp.	Common stock	27,670	56,840
	Ariba Inc. New	Common stock	53,970	55,839
	Ruby Tuesday Inc.	Common stock	62,183	55,152
	Atmel Corp.	Common stock	45,014	54,767
	Atlas Air Inc	Common stock	39,534	54,013
	Skillsoft Pub Ltd Co.	Common stock	44,839	53,658

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stock (cont.):			
	Belden Inc.	Common stock	58,704	53,485
	ATMI Inc.	Common stock	75,931	52,881
	Medassets Inc.	Common stock	40,262	52,813
	Healthcare Svc Group Inc.	Common stock	44,992	52,148
	Ulta Salon Cosmetics	Common stock	32,742	51,938
	LKQ Corp Common	Common stock	45,941	51,816
	Rightnow Technologies Inc.	Common stock	39,139	51,242
	FEI Co.	Common stock	42,553	50,224
	Core Laboratories	Common stock	9,246	49,020
	Atwood Oceanics Inc.	Common stock	34,395	48,398
	UTI Worldwide Inc.	Common stock	74,825	48,087
	Concur Technologies Inc.	Common stock	27,779	47,880
	Luminex Corp. Del	Common stock	62,486	47,179
	Euronet Worldwide Inc.	Common stock	52,542	46,973
	Phase Forward Inc.	Common stock	49,307	46,357
	Microsemi Corp Com.	Common stock	58,660	45,263
	MPS Group Inc.	Common stock	39,934	44,999
	BJS Restaurants Inc.	Common stock	36,451	44,415
	Neustar Inc.	Common stock	52,377	43,546
	Prosperity Bancshares Inc.	Common stock	40,862	42,484
	Clean HBRS Inc.	Common stock	40,835	41,727
	Martek Biosciences Corp.	Common stock	58,288	41,668
	Evercore Partners Inc.	Common stock	41,764	41,648
	Monolithic Pwr Sys Inc.	Common stock	27,582	40,509
	Lance Inc.	Common stock	39,680	39,450
	Gamestop Corp.	Common stock	26,520	39,273
	Mobile Mini Inc.	Common stock	47,518	39,029
	Sonosite Inc.	Common stock	46,463	36,745
	Brigham Expl Co	Common stock	30,445	36,585
	NIC Inc.	Common stock	30,736	36,194
	VCA Antech Inc.	Common stock	28,172	36,134
	American Pub Ed Inc	Common stock	32,654	32,298
	Polycom Inc.	Common stock	26,830	31,587
	Smart Blance Inc.	Common stock	35,209	30,360
	Constant Contact Inc.	Common stock	34,041	29,440
	Syntel Inc.	Common stock	20,614	27,382
	Micros Sys Inc.	Common stock	14,658	26,996

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) As of December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(Continued from the previous page)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common stock (cont.):			
	Sunopta Inc.	Common stock	73,641	26,914
	Digital Riv Inc.	Common stock	44,078	26,720
	Clean Energy Fuels Corp.	Common stock	21,790	25,581
	Rex Energy Corp.	Common stock	21,998	25,560
	Diodes Inc.	Common stock	18,908	24,336
	Netscout Sys Inc	Common stock	21,378	24,010
	IXIA	Common stock	43,094	22,729
	Central European Distributor Corp.	Common stock	18,837	22,302
	Ultimate Software Group Inc.	Common stock	17,822	20,559
	Meridian Bioscience Inc.	Common stock	26,062	18,749
	Innerworkings Inc.	Common stock	48,636	16,048
	Valueclick Inc.	Common stock	22,432	15,433
	Analogic Corp.	Common stock	23,342	14,441
	Eresearchtechnology Inc.	Common stock	22,249	11,720
	1 800 Flowers.com Inc.	Common stock	30,361	11,554
	Global Traffic Network Inc.	Common stock	11,286	8,445
	Mutual funds:			
		TR International Equity Fund Class III		
	GMO		3,630,530	3,175,296
	American Funds	Euro Pacific Growth Fund	976,288	867,990
	Other investments:			
	RREEF America RREIT II Inc.	Other investment	3,437,652	2,076,449
	Money market account:			
*	Bank of New York	Collective U.S. Government STIF	<u>2,301,063</u>	<u>2,301,063</u>
	Total investments excluding investment in Master Trust		<u>\$ 46,673,190</u>	<u>\$ 43,963,041</u>

* Party-in-interest

MEDIANEWS GROUP DEFINED BENEFIT PLAN FOR CERTAIN EMPLOYEES

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions For the Year Ended December 31, 2009

Employer Identification Number 76-0425553

Plan Number - 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset/Book Value	(h) Current Value of Asset on Transaction Date	(i) Realized Gains (Losses)
Category (i) - A single transaction which exceeds 5% of net assets available for benefits as of the beginning of the Plan year:						
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 21,310,074	\$ 21,310,074	\$ 21,310,074	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ 7,734,104	\$ -	\$ 7,734,104	\$ 7,734,104	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 6,841,850	\$ 6,841,850	\$ 6,841,850	\$ -
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ -	\$ 7,500,000	\$ 7,500,000	\$ 7,500,000	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Aggregate Bond Index Fund	\$ 7,500,000	\$ -	\$ 7,500,000	\$ 7,500,000	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Stock Index Fund	\$ -	\$ 2,800,000	\$ 2,330,188	\$ 2,800,000	\$ 469,812
The Bank of New York Trust Company, N.A.	Collective Aggregate Index Fund	\$ -	\$ 7,734,104	\$ 7,305,334	\$ 7,734,104	\$ 428,770
Category (iii) - A series of transactions which exceed 5% of net assets available for benefits as of the beginning of the Plan year:						
The Bank of New York Trust Company, N.A.	Collective US Government STIF	\$ 21,310,074	\$ -	\$ 21,310,074	\$ 21,310,074	\$ -
The Bank of New York Trust Company, N.A.	EB DV Non-SL Stock Index Fund	\$ -	\$ 2,910,945	\$ 2,421,927	\$ 2,910,945	\$ 489,018
The Bank of New York Trust Company, N.A.	Collective Aggregate Index Fund	\$ -	\$ 10,934,104	\$ 10,416,821	\$ 10,934,104	\$ 517,283

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2009.

Columns (e) and (f) have not been presented, as this information is not applicable.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Summary of Plan Provisions

Effective Date

January 1, 1958. Last amended effective January 1, 2009.

Employees of The Denver Post

Participation

One year of eligibility service (1,000 hours). Not covered by a collective-bargaining agreement.

Normal Retirement

Eligibility

Age 65.

Benefit

One-twelfth of the following: 1.00% of final average compensation + 0.25% of final average compensation in excess of covered compensation, × credited service.

The benefit shall not be less than \$45 × credit service.

The monthly benefit is frozen as of December 31, 2008.

Postponed Retirement

Eligibility

After attaining age 65.

Benefit

Normal retirement benefit.

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

Normal retirement benefit reduced 5/12% for each month commencement precedes age 62.

Deferred Vested Retirement

Eligibility

Five years of vesting service.

Benefit

Normal retirement reduced ½% for each month commencement precedes age 65. Benefit may commence as early as age 55.

Preretirement Death

Eligibility

Employees who die after five years of vesting service.

Benefit

The retiree's surviving spouse will receive 50% of the benefit as if the retiree had retired early and elected a 50% Joint and Survivor Annuity. Benefit commencement is deferred until the time the retiree would have been eligible for early retirement.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Employees of The Denver Post (continued)

Form of Retirement Benefit

- | | |
|----------|---|
| Normal | <ul style="list-style-type: none">■ Married employees—Reduced 50% Joint and Survivor Annuity.■ Unmarried employees—Life Annuity. |
| Optional | <ul style="list-style-type: none">■ Five- or Ten-Year Certain and Life Annuity.■ 50%, 75% or 100% Joint and Survivor Annuities.■ Lump sum if between \$5,000 and \$10,000.■ Age 62 and age 65 level-income option. |

Definitions

Actuarial Equivalence Equivalence in value between two or more methods of payment.

For payments other than lump sums, actuarial equivalence is based on a table of factors. The factors below apply if the difference between the Participant's age and the survivor annuitant's age is not more than five years.

- | | |
|-------------------------------------|-----|
| ■ 5-Year Certain and Life Annuity. | .98 |
| ■ 10-Year Certain and Life Annuity. | .95 |
| ■ 50% Joint and Survivor Annuity: | .90 |
| ■ 100% Joint and Survivor Annuity: | .80 |

For lump sum payments, based on the applicable interest rate as specified by the IRS code 417(e)(3)(A) for the month of November preceding the Plan Year in which the Annuity Starting Date occurs and the current mortality table as specified by 417(e).

Vesting Participants are 100% vested in their accrued benefit after completion of five years of service.

Benefit Service One year granted for each calendar year in which the participant has 1,000 hours of service.

Benefit Service is frozen as of December 31, 2008.

Vesting Service One year granted for each calendar year in which the employee has 1,000 hours of service.

Compensation W-2 earnings plus amounts deferred under Section 401(k) Section 125, and the Deferred Compensation Plan.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Employees of The Denver Post (continued)

Final Average Compensation	The highest average annual compensation for any five-consecutive calendar years of the ten-consecutive calendar years preceding termination of employment.
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Plan Year	Calendar year.
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Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former Daily News Plan

Participation

One year of vesting service and age 21 or date of becoming a covered employee, if later. Not covered under a separate bargaining agreement. No new participants after March 28, 1998.

Normal Retirement

Eligibility

Age 65.

Benefit

The sum of:

- (a) 1% of average earnings × pension service subsequent to July 1, 1991; and
- (b) The accrued benefit as of July 1, 1991 under the prior plan provisions (including any Prior Plan B amount).

Postponed Retirement

Eligibility

After attaining age 65.

Benefit

Normal retirement benefit.

Early Retirement

Eligibility

Age 55 and ten years of service.

Benefit

Normal retirement benefit with the following reductions:

- (a) Benefits earned after July 1, 1991 are reduced by 1/200 for each month that commencement of payments precedes the participant's 65 birthday; and
- (b) Benefits earned before July 1, 1991 are reduced by 1/300 for each of the first 24 months and 1/240 for each of the next 60 months that commencement of payments precedes the participant's 62 birthday.

Preretirement Death Benefit

Eligibility

Immediate.

Benefit

The retiree's surviving spouse will receive 50% of the monthly pension benefit as of the date of death, reduced for a 50% Joint and Survivor Annuity and early payment. Benefit commencement is deferred until the time the retiree would have reached age 55.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former Daily News Plan (continued)

Special Minimum Benefit

Special minimum benefits apply for each member of the Graphic Communications International Union (GCIU) who transferred to the Daily News Pension Plan on December 1, 1986 and back to the GCIU Employer Retirement Fund on September 1, 1993.

Form of Retirement Benefit

Normal

- Married employees—Reduced 50% Joint and Survivor Annuity.
- Unmarried employees—Life Annuity.

Optional

- 5 or 10-Year Certain and Life Annuity.
- 50%, 66⅔%, 75%, or 100% Joint and Survivor Annuities.

Definitions

Actuarial Equivalence

Equivalence in value between two or more methods of payment.

For payments other than lump sums, actuarial equivalence shall be based on interest rate of 7.5% per annum, compounded annually, and the 1984 Unisex Pension with no adjustments.

For lump sum payments, based on the applicable interest rate as specified by the IRS code 417(e)(3)(A) for the month of November preceding the Plan Year in which the Annuity Starting Date occurs and the current mortality table as specified by 417(e).

Vesting

Participants are 100% vested in their accrued benefit after completion of five years of service.

Benefit Service

Elapsed time from participation date, excluding period before January 1, 1976, with a maximum of 35 years. Benefit accruals ceased on March 28, 1998.

Vesting Service

One year granted for each year in which the employee has 1,000 hours of service. For service prior to January 1, 1976, service is determined under the provisions of Prior Plan B (a defined benefit plan adopted by the Van Nuys Publishing Company on December 31, 1959) as it existed on December 31, 1975.

Compensation

Base pay + overtime and commissions.

Average Annual Compensation

The average of the final 60-consecutive calendar months of pensionable pay, ending on the earlier of the participant's termination date, retirement date, or March 28, 1998.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees

Participation

Current member as of December 31, 1987—January 1, 1988.

Employees hired after January 1, 1988—beginning of the first year after completing 1,000 hours of service.

Effective September 23, 1995, all benefits were frozen.

Normal Retirement

Eligibility

Age 65.

Benefit

Annual benefit equals the sum of:

- (a) For each year of creditable service after 1988: $1.5\% \times \text{compensation} + 0.65\% \times \text{compensation in excess of the greater of \$10,000 or 50\% of covered compensation}$;
- (b) For each year of creditable service after 1982 and before 1989: $1.5\% \times \text{compensation up to \$10,000} + 2.0\% \times \text{compensation between \$10,000 and 75\% of Social Security wage base} + 2.6\% \times \text{compensation over 75\% of Social Security wage base}$; and
- (c) For each year of creditable service before 1983: $1.25\% \times \text{average compensation up to \$10,000} + 1.75\% \times \text{average compensation over \$10,000} \times \text{years of service before 1983}$, subject to a minimum benefit of $\$48 \times \text{years of creditable service (maximum 25 years)}$.

Postponed Retirement

Eligibility

After attaining age 65.

Benefit

Normal retirement benefit.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees (continued)

Early Retirement

Eligibility	Age 55 and 15 years of creditable service.
Benefit	<p>Normal retirement benefit at normal retirement date or immediate benefit with the following reductions:</p> <ul style="list-style-type: none">■ Benefits accrued before 1989 and benefits accrued after 1988 that are not integrated with covered compensation are reduced by 3% for each of the first three years that payments commence before age 65 and 5% for each additional year; and■ Benefits accrued after 1988 that are integrated with covered compensation are reduced by 8% for each of the first three years that payments commence before age 65 and 4% for each additional year.

Deferred Vested Retirement

Eligibility	Age 50, five years of creditable service, and involuntary termination for reasons other than misconduct.
Benefit	Normal retirement benefit reduced actuarially.

Disability Retirement

Eligibility	Age 55, twenty years of creditable service, and disabled under the Social Security Act.
Benefit	Accrued benefit.

Preretirement Death

Eligibility	Five years of creditable service.
Benefit	<ul style="list-style-type: none">■ Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable), and payable at earliest age employee could have retired.■ Spouses of terminated vested or disabled participants receive the benefit they would have received had participant lived to earliest retirement date, commenced under the normal form, and died.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—NENI Employees

Form of Retirement Benefit

- | | |
|----------|--|
| Normal | <ul style="list-style-type: none">■ Married employees—Reduced 50% Joint and Survivor Annuity.■ Unmarried employees—Life Annuity. |
| Optional | <ul style="list-style-type: none">■ 5 or 10-Year Certain and Life Annuity.■ 50%, 66⅔%, 75%, or 100% Joint and Survivor Annuities.■ Age 62 or age 65 level-income option. |

Definitions

Actuarial Equivalence Equivalence in value between two or more methods of payment.

For payments other than lump sums, actuarial equivalence is based on a table of factors. The factors below apply if the difference between the Participant's age and the survivor annuitant's age is not more than five years.

- | | |
|-------------------------------------|-----|
| ■ 10-Year Certain and Life Annuity. | .90 |
| ■ 50% Joint and Survivor Annuity: | .88 |
| ■ 100% Joint and Survivor Annuity: | .80 |

For lump sum payments, based on the applicable interest rate as specified by the IRS code 417(e)(3)(A) for the month of November preceding the Plan Year in which the Annuity Starting Date occurs and the current mortality table as specified by 417(e).

Vesting Participants are 100% vested in their accrued benefit after completion of five years of service.

Creditable Service One year is generally granted for each calendar year in which the employee has 1,000 hours of service. For service prior to December 31, 1975, service is determined under plan rules in effect as of that date.

Compensation W-2 earnings. Includes bonus or special pay earned during the year but paid in the following year. Limited to \$150,000, as indexed, effective January 1, 1994.

Average Compensation The average of compensation for 1980, 1981, and 1982.

Covered Compensation The average (without indexing) of the Social Security wage bases in effect for each of the 35 calendar years ending with the plan year of determination.

Plan Year Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—Middletown Employees

Participation Current member as of January 26, 1995—January 27, 1995.

Other employees—beginning of the first month after completing 1,000 hours of service.

Normal Retirement

Eligibility Age 65.

Benefit Annual benefit equals the sum of:

- (a) For each year of Creditable Service after 3/1/1986— $1.7\% \times \text{Compensation}$;
- (b) For each year of Creditable Service between 3/1/1985 and 2/28/1986— $1.465\% \times \text{Compensation}$;
- (c) For each year of Creditable Service between 3/1/1984 and 2/28/1985— $1.385\% \times \text{Compensation}$;
- (d) For each year of Creditable Service between 3/1/1981 and 2/28/1984— $1.305\% \times \text{Compensation}$;
- (e) For each year of Creditable Service between 3/1/1979 and 2/28/1981— $1.10\% \times \text{Compensation}$; and
- (f) For each year of Creditable Service between 3/1/1962 and 2/28/1979— $0.8125\% \times \text{Compensation}$.

Postponed Retirement

Eligibility After attaining age 65.

Benefit Normal retirement benefit.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions
Former NENI Plan—Middletown Employees (continued)

Early Retirement

Eligibility Age 55.

Benefit Normal retirement benefit at normal retirement date or immediate benefit as follows:

Number of Years	Percentage	Number of Years	Percentage
0	100.0%	6	57.9%
1	90.4%	7	53.5%
2	82.1%	8	49.5%
3	74.9%	9	46.0%
4	68.5%	10	42.8%
5	62.9%		

Deferred Vested Retirement

Eligibility Age 55 and five years of creditable service.

Benefit Early retirement benefit.

Disability Retirement

Eligibility Active member receiving benefits under the Company's disability plan.

Benefit Normal or early retirement benefit with benefits accrued during period of disability.

Preretirement Death

- Eligibility
- After August 22, 1984, active member with five years of creditable service.
 - Termination on or after March 1, 1976 and before August 23, 1984 with ten years of service.
 - Disabled member.

Benefit Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable) and Joint and Survivor annuity factor, and payable any time between earliest age an employee could have retired and employee's age 65.

Plan Year Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—Lowell Employees

Participation

Beginning of the first month after age 21 and one year of service.
Effective March 31, 2005, all benefits were frozen.

Normal Retirement

Eligibility

Age 65.

Benefit

Annual benefit equals the sum of:

- (a) For each year of creditable service after 1995: 1.25%
× compensation;
- (b) For creditable service before 1996: 1.25% × 1996 compensation
× years of creditable service before 1996;
- (c) For creditable service after 1988 and before 1993:
\$240.00 × years of creditable service after 1988 and
before 1993.

Minimum benefit of \$20 × years of creditable service (maximum
ten years).

Postponed Retirement

Eligibility

After attaining age 65.

Benefit

Normal retirement benefit.

Early Retirement

Eligibility

Age 55 and ten years of creditable service.

Benefit

Normal retirement benefit at normal retirement date or immediate
benefit reduced 5/9 of 1% for each of the first 60 months and 5/18 of
1% for each of the next 60 months that payments commence before
age 65.

Deferred Vested Retirement

Eligibility

Age 55 and five years of creditable service.

Benefit

Early retirement benefit.

Disability Retirement

Eligibility

Age 50 and total disability (with reductions). Age 45 and 15 years of
creditable service or age 50 and 15 years of creditable service
(without reductions).

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former NENI Plan—Lowell Employees (continued)

Preretirement Death

Eligibility	Five years of creditable service.
Benefit	<ul style="list-style-type: none">■ Spouses of active service employees receive one-half of accrued benefit, reduced for early retirement (if applicable), and payable at earliest age employee could have retired.■ Spouses of terminated vested or disabled participants receive the benefit they would have received had participant lived to earliest retirement date, commenced under the normal form, and died.

Form of Retirement Benefit

Normal	<ul style="list-style-type: none">■ Married employees—Reduced 50% Joint and Survivor Annuity.■ Unmarried employees—Life Annuity.
Optional	<ul style="list-style-type: none">■ 5 or 10-Year Certain and Life Annuity.■ 50%, 66⅔%, 75%, or 100% Joint and Survivor Annuities.■ Age 62 or age 65 level-income option.

Definitions

Actuarial Equivalence	<p>Equivalence in value between two or more methods of payment.</p> <p>For payments other than lump sums, actuarial equivalence shall be based on interest rate of 8.0% per annum, compounded annually, and the 1983 Group Annuity Mortality Table (male rates).</p> <p>For lump sum payments, based on the applicable interest rate as specified by the IRS code 417(e)(3)(A) for the month of November preceding the Plan Year in which the Annuity Starting Date occurs and the current mortality table as specified by 417(e).</p>
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Creditable Service	One year is granted for each calendar year in which the employee has 1,000 hours of service.
Compensation	Employee's rate of compensation on the first day of the plan year.
Plan Year	Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former St. Paul Mechanical Plan Employees

Participation	Included in the bargaining unit represented by one of the unions covered by this plan.
	Participation begins on the later of employment commencement or attainment of age 18.
Normal Retirement	
Eligibility	Age 65.
Benefit	The product of (a) and (b): (a) \$95.66 per month. For Mailers only, \$850.00 per month plus \$10 per month for each year of service after 1990. (b) Ratio of service on the date of termination (not exceeding 25 years) over 25.
Early Retirement	
Eligibility	Age 55 and ten years of vesting service.
Benefit	Normal retirement benefit unreduced if terminated with at least 25 years of vesting service. If termination with less than 25 years of vesting service, normal retirement benefit reduced 5/9 of one percent for each month commencement precedes age 65.
Deferred Vested Retirement	
Eligibility	Five years of vesting service.
Benefit	100% of the accrued normal retirement benefits payable at age 65. If terminated with at least ten years of vesting service, reduced and payable as an early retirement benefit.
Disability Retirement	
Eligibility	Five years of vesting service.
Benefit	100% of the accrued normal retirement benefit prorated for years of service over years of service if employee remained actively employed until normal retirement date.

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Former St. Paul Mechanical Plan Employees (continued)

Preretirement Death

Eligibility	Employees who die after five years of vesting service.
Benefit	The retiree's surviving spouse will receive 50% of the benefit as if the retiree had elected a 50% Joint and Survivor Annuity at age 65. If eligible for early retirement, the spouse may elect to commence payments, reduced according to the early retirement provisions.

Form of Retirement Benefit

Normal	<ul style="list-style-type: none">■ Married employees—reduced 50% Joint and Survivor Annuity.■ Unmarried employees—Life Annuity.
Optional	<ul style="list-style-type: none">■ Five Year Certain and Life Annuity.■ 50% or 66⅔% Joint and Survivor Annuities.■ Lump sum if less than \$20,000.

Definitions

Actuarial Equivalence	<p>Equivalence in value between two or more methods of payment.</p> <p>For payments other than lump sums, actuarial equivalence shall be based on interest rate of 7.5% per annum, compounded annually, and the 1984 Unisex Pension, with no setback for participants and a three-year setback for contingent annuitants.</p> <p>Lump sum payments are based on 417(e) mortality and interest rates.</p>
Vesting	Participants are 100% vested in their accrued benefit after completion of five years of service.
Benefit Accrual Service	Years and months (calculated to the day) of employment service, excluding service prior to age 18.
Vesting Service	Years and months (calculated to the day) of employment service, excluding service prior to age 18.

Schedule SB, Part V—Summary of Plan Provisions

Changes in Plan Provisions Since the Prior Year

The January 1, 2009 funding valuation reflects the following plan changes:

Schedule SB Attachment (Form 5500)—2009 Plan Year
MediaNews Group Defined Benefit Plan for Certain Employees
EIN: 76-0425553 PN: 002

- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009; and
- A change in the basis for determining minimum lump sum payments under IRC section 417(e)(3) as follows:
 - The mortality basis changed from the applicable table for 2008 to the applicable table for 2009; and
 - The interest basis changed from an 80% weighting of 30-year Treasury rates and a 20% weighting of spot segment rates to a 60% weighting of 30-year Treasury rates and a 40% weighting of spot segment rates.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, “2” was entered on line 21b as the applicable lookback month;
- The St. Paul Mechanical Plan merged into this plan on June 1, 2009. As a result of the merger, this plan’s 2009 results include \$99,149 of Target Normal Cost, \$0 of shortfall amortization charge, and \$297,614 of Funding Standard Carryover Balance; and
- Assets and liabilities for former Denver Post employees transferred out of this plan and are first reflected with the January 1, 2010 valuation.

Schedule R, line 18 - Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

Plan Sponsor's Name	MediaNews Group, Inc.	PN:	002
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